2017- 2021 Capital Budget Request Form													
Department Agency Number	300	Contact Name		Cynthia Sylvain-Lear									
Department Name	Sanitation	Contact Number		504-658-3820									
Date		Contact E-Mail		<u>cslear@nola.gov</u>									
Request #	Department Ranking	Prioirty Criteria Ranking	Project Name	Pr	oject Amount		2017	2018		2019	2020		2021
1	1	120	Recovery 1 Landfill Maintenance	\$	750,000.00	\$	150,000.00	\$ 150,000.00	\$	150,000.00	\$ 150,000.00	\$	150,000.00
2	2	129	Public Litter Cans	\$	150,000.00	\$	30,000.00	\$ 30,000.00	\$	30,000.00	\$ 30,000.00	\$	30,000.00
3	3	132	Curbside Recycling Carts	\$	1,000,000.00	\$	200,000.00	\$ 200,000.00	\$	200,000.00	\$ 200,000.00	\$	200,000.00
4	4	132	Sanitation Field Operations Office & Warehouse	\$	275,000.00	\$	25,000.00	\$ 250,000.00	\$	-	\$ -	\$	-
5	0	0	0	\$	-	\$	-	\$ -	\$	-	\$ -	\$	-
6	0	0	0	\$	-	\$	-	\$ -	\$	-	\$ -	\$	-
7	0	0	0	\$	-	\$	-	\$ -	\$	-	\$ _	\$	-
8	0	0	0	\$	-	\$	-	\$ -	\$	~	\$ -	\$	-
9	0	0	0	\$	-	\$	-	\$ -	\$	-	\$ -	\$	-
10	0	0	0	\$	-	\$		\$ -	\$	-	\$ -	\$	-
TOTAL	0. 4			\$	2,175,000.00	\$	405,000.00	\$ 630,000.00	\$	380,000.00	\$ 380,000.00	\$	380,000.00

Department Head Signature

Printed Name

Date

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Recovery 1 Landfill Maintenance	Department Priority Ranking	1			
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	No			
Project Address	17,000 Chef Menteur Hwy.	Council District	Ε			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The LA Department of Environmental Qua	lity requires annual maintenance of this i	facility as well as routine monitoring and reporting.			
Five Year Summary	The LA Department of Environmental Quality	requires annual maintenance of this facil is in post-closure status.	ity as well as routine monitoring and reporting while it			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$750,000	Proposed Funding Source	MCF			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Sustainable community t	hat adequately maintains properties and	d follow regulatory requirements.			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	f Yes - maintenance includes: semi-annual ground water assessment and sampling, site maintenance, and landfill cap repair, including filling in leachate seepage.					
What Benefit(s) will be provided to Public from this project?	Clean Environment		he Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below. \$150,000 \$150,000 \$150,000 \$150,000			
Is the surrounding infrastructure[i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs				

Capital Budget Request Prioirty Rating Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Recovery 1 Landfill Maintenance	Department Priority Ranking	1			
Categories	Rating		Score			
Public Health and Safety	3		9			
External Requirements	3		9			
Protection of Capital Stock	3		9			
Economic Development	3		9			
Operating Budget	3		9			
Life Expectancy of Project	3		9			
ercent of Population Served by Project	3		9			
Relation to dopted Plans	3		9			
Intensity of Use	3		9			
Scheduling	3		9			
Benefit/ Cost	1		3			
Potential for Duplication	2		6			
Availability of Financing	1		3			
Special Need	0		0			
Entergy Consumption	3		9			
Timeliness/ External	0		0			
Public Support	3		9			
TOTAL Ranking	40		120			

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Public Litter Cans	Department Priority Ranking	2			
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	2829 Elysian Fields Ave.	Council District	D			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The City needs additional publ	ic litter cans to assist in the reduction in	litter on the City's public rights-of-ways			
Five Year Summary	Public litter cans are routinely damaged be	eyond repair. In addition, as new develop requires the addition of cans.	pments are completed, increased pedestrian traffic			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$150,000	Proposed Funding Source	Bonds			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	TH	nis project will improve the quality of life	of citizens			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Yes - public litter cans keep litter off the ground, contained in litter can liner, preventing contamination of runoff water.					
What Benefit(s) will be provided to Public from this project?	Cleaner Streets		te Project? 2017, 2018, 2019, 2020 or 2021? Enter in requested year below. \$30,000 \$30			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	2019 2020 2021 If no please discuss required improvements and estimated costs	\$30,000 \$30,000 \$30,000			

Capital Budget Request Prioirty Rating Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Public Litter Cans	Department Priority Ranking	2			
Categories	Rating		Score			
Public Health and Safety	3		9			
External Requirements	1		3			
Protection of Capital Stock	1		3			
Economic Development	3		9			
Operating Budget	3		9			
Life Expectancy of Project	3		9			
Percent of Population Served by Project	3		9			
Relation to dopted Plans	3		9			
Intensity of Use	3		9			
Scheduling	3		9			
Benefit/ Cost	3		9			
Potential for Duplication	2		6			
Availability of Financing	1		3			
Special Need	2		6			
Entergy Consumptiom	3		9			
Timeliness/ External	3		9			
Public Support	3		9			
TOTAL Ranking	43		129			

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Curbside Recycling Carts	Department Priority Ranking	3			
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	2829 Elysian Fields Ave.	Council District	D			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	volume of items recycled which continues	to increase each year. The City is position	on the number of calls received for new carts and the ned to end 2016 with 42% of the eligible population ne number of new residents and current residents.			
Five Year Summary	Note: Annual landfill disposal cost saving:	s since start of the recycling program, ba	arts will be needed annually at of cost of \sim \$200,000. sed on the tonnage recycled: 2010: \$31,019; 2011: avings = \$981,124. The annual savings will increase as			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$1,000,000	Proposed Funding Source	Bonds			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:		ect is key to the development of a sustai	nable community.			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No.					
What Benefit(s) will be provided to Public from this project? Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Improved environment		\$200,000 \$200,000 \$200,000 \$200,000 \$200,000 \$200,000 \$200,000			

Capital Budget Request Prioirty Rating Form					
Agency Number	300	Department Name	Sanitation		
Project Name	Curbside Recycling Carts	Department Priority Ranking			
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	1		3		
Protection of Capital Stock	1		3		
Economic Development	3		9		
Operating Budget	3		9		
Life Expectancy of Project	3		9		
ercent of Population Served by Proje	ect 3		9		
Relation to dopted Plans	3		9		
Intensity of Use	3		9		
Scheduling	3		9		
Benefit/ Cost	3		9		
Potential for Duplication	2		6		
Availability of Financing	2		6		
Special Need	2		6		
Entergy Consumptiom	3		9		
Timeliness/ External	3		9		
Public Support	3		9		
TOTAL Ranking					

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Sanitation Field Operations Office & Warehouse	Department Priority Ranking	4			
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	2829 Elysian Fields Ave.	Council District	D			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	trailer and several containers to store equipr space. Items have been stolen from our locat rearranged in storage containers when acces	nent and supplies. Recycling bins and ca ion due to a lack of secure storage option	cane Katrina. Operations is working from one small rts, pending deliveries, are uncovered due to a lack of ns. Productivity is loss when items must be constantly improved if Supervisors had sufficient space to work, sitive information.			
Five Year Summary			d of a facility to adequately support this growth. This supervisory personnel, equipment and supplies will be			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$275,000	Proposed Funding Source	Bonds			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	This m	eets the objectives related to a Sustainal	ble Community			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Yes - construction of warehouse on existing raised concrete slap would protect Sanitation equipment and supplies in the event of wind/flood event.					
What Benefit(s) will be provided to Public from this project?	Improved productivity, reduced loss from flooding, cleaner City		se Project? 2017, 2018, 2019, 2020 or 2021? Enter or requested year below. \$25,000 \$250,000			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs				

Capital Budget Request Prioirty Rating Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Sanitation Field Operations Office & Warehouse	Department Priority Ranking	4			
Categories	Rating		Scare			
Public Health and Safety	3		9			
External Requirements	1		3			
Protection of Capital Stock	3		9			
Economic Development	3		9			
Operating Budget	3		9			
Life Expectancy of Project	3		9			
Percent of Population Served by Project	3		9			
Relation to dopted Plans	3		9			
Intensity of Use	3		9			
Scheduling	3		9			
Benefit/ Cost	3		9			
Potential for Duplication	2		6			
Availability of Financing	1		3			
Special Need	2		6			
Entergy Consumptiom	2		6			
Timeliness/ External	3		9			
Public Support	3		9			
TOTAL Ranking			92			